Fill in this information to identify your case:						
Debtor 1	Jill V. Smith					
Debtor 2 (Spouse, if filing)						
United States Bankruptcy Court for the:		Eastern District of Pennsylvania, Philadelphia Division				
Case number	20-12775					
(if known)						

Check one box only as directed in this form and in Form 122A-1Supp:
■ 1. There is no presumption of abuse
\square 2. The calculation to determine if a presumption of abuse

☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

Column B

applies will be made under Chapter 7 Means Test

☐ Check if this is an amended filing

Calculation (Official Form 122A-2).

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 - Married and your spouse is NOT filing with you. You and your spouse are:
 - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - □ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Column A

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

			Debt	or 1	Debtor non-fili	2 or ng spouse
and co	mmissioı	ns (before all	\$	3,756.00	\$	0.00
payme	nts from a	a spouse if	\$	0.00	\$	0.00
. Include , your de	e regular ependents	contributions , parents, and	·\$	0.00	\$	0.00
or farm						
		otor 1				
\$_						
- \$ _						
rm \$ _	0.00	Copy here ->	\$	0.00	\$	0.00
	Deb	otor 1				
\$_	0.00					
-\$	0.00					
\$	0.00	Copy here ->	\$	0.00	\$	0.00
			\$	0.00	\$	0.00
	e payme aid for h I Include your de se only i or farm \$\$rm \$\$ _	aid for househol I. Include regular I your dependents I only if Column or farm Det \$ 0.00 -\$ 0.00 Tm \$ Det \$ 0.00 -\$ 0.00 -\$ 0.00	Debtor 1 \$ 0.00 -\$ 0.00 rm \$ 0.00 Copy here -> Debtor 1 \$ 0.00 -\$ 0.00	and commissions (before all \$	\$ 3,756.00 aid for household expenses Include regular contributions Include regular contributio	non-filition and commissions (before all \$ 3,756.00 \$ \$ e payments from a spouse if \$ 0.00 \$ \$ aid for household expenses to include regular contributions to see only if Column B is not filled in. \$ 0.00 \$ \$ or farm Debtor 1 \$ 0.00 \$ 0.00 Copy here -> \$ 0.00 \$ \$

Debto	5mith, Jili V.			Case number	(IT KNOWN)			
				Column A Debtor 1			2 or ng spouse	
8.	Unemployment compensation			\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the amount re Social Security Act. Instead, list it here:		er the					
	For you\$	0.00	<u>) </u>					
	For your spouse \$	0.00	_					
9.	Pension or retirement income. Do not include any amounder the Social Security Act. Also, except as stated in the include any compensation, pension, pay, annuity, or allow Government in connection with a disability, combat-relate a member of the uniformed services. If you received any 61 of title 10, then include that pay only to the extent that of retired pay to which you would otherwise be entitled if it it.	ne next sentence, do not vance paid by the United S d injury or disability, or de retired pay paid under cha it does not exceed the am	States ath of apter ount of	\$	0.00	\$	0.00	
10.	Income from all other sources not listed above. Specific points include any benefits received under the Social Secunder the Federal law relating to the national emergency under the National Emergencies Act (50 U.S.C. 1601 excoronavirus disease 2019 (COVID-19); payments received crime against humanity, or international or domestic terpension, pay, annuity, or allowance paid by the United Stawith a disability, combat-related injury or disability, or dea uniformed services. If necessary, list other sources on a below	curity Act; payments made declared by the President t seq.) with respect to the ed as a victim of a war crin rorism; or compensation ates Government in connett of a member of the	ne, a					
	Social Security		_	\$	0.00	\$	2,600.00	
				\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column Determine Whether the Means Test Applies to	tal for Column B.		,756.00	+ \$ _	2,600.00		6,356.00
12.	Calculate your current monthly income for the year.	Follow these steps:						
	12a. Copy your total current monthly income from line 1	1		Сору	/ line 11 l	nere=>	\$	6,356.00
	Multiply by 12 (the number of months in a year)						X	
	12b. The result is your annual income for this part of the	form				•	12b. \$	76,272.00
13.	Calculate the median family income that applies to y	ou. Follow these steps:						
	Fill in the state in which you live.	PA						
	Fill in the number of people in your household.	3						
	Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy cleix office.							
14.	14. How do the lines compare?							
	Line 12b is less than or equal to line 13. O Go to Part 3. Do NOT fill out or file Official Line 12b is more than 13. On the top of	Form 122A-2.			•			ı -2 .
Dort	Go to Part 3 and fill out Form 122A-2.							
Part	<u> </u>	not the information on the	ototo	ont and in -	01.0Ha-L	nonto is to	o and a	.
	By signing here, I declare under penalty of perjury the	ial the information on this	statem	ent and in ar	iy attachn	nents is tru	e and correc	il.
	X /s/ Jill V. Smith							

Debtor 1	Smith, Jill V.	Case number (if known)				
	Jill V. Smith Signature of Debtor 1					
Da	Atte July 21, 2020 MM / DD / YYYY					
	If you checked line 14a, do NOT fill out or file Form 122A-2.					
	If you checked line 14b, fill out Form 122A-2 and file it with this form	٦.				